### FORM 19

**PROCESSED** 

JUL 1 8 2002

THOMSON P

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXE  Name of Offering ( check if this is an amendment and name has changed, and indicate						
Name of Offering ( check if this is an amendment and name has changed, and indicate 02048303						
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 ULOB						
Type of Filing:  New Filing  Amendment						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Stark Japan Fund LP						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  1500 W. Market Street, Mequon, WI 53092  262/241-1810						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  262/241-1810 467						
Brief Description of Business						
Capital funding for Stark Japan Master Fund Ltd.						
Type of Business Organization						
□ corporation □ limited partnership, already formed □ other (please specify): □ business trust □ limited partnership, to be formed						
Month Year						
Actual or Estimated Date of Incorporation or Organization:						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [] [E] CN for Canada; FN for other foreign jurisdictions)						

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information required. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOB and that have adopted this form. Issuers relying on ULOB must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

OMB APPROVAL

hours per response . . . . 16.00

SEC USE ONLY

Estimated average burden

3235-0076

Serial

August 31, 1998

CEIVED

OMB Number:

Expires:

Prefix

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A. BASIC IDENTIFICATION DATA  2. Enter the information requested for the following:  • Each promoter of the issuer, if the issuer has been organized within the past five years;  • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  • Each general and managing partner of partnership issuers.							
Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner	
	et Mai	nagement, L					
		street, Me	nd Street, City, State, Zip equon, WI 53092	Code)			
Check Box(es) that			☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
<b>Pull Name (Last na</b> Stark, Br	-	•					
		•	nd Street, City, State, Zip	Code)			
Theck Box(es) that			Quon WI 53092 ☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Pull Name (Last na Roth, Mic	-	•					
		ress (Number as Street, Me	equon, WI 53092	Code)			
Check Box(es) that				☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Pull Name (Last na	me first,	if individual)			•		
Business or Residen	ce Addı	ress (Number a	nd Street, City, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Theck Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Pull Name (Last na	me first,	if individual)					
Business or Residen	ce Addi	ress (Number a	nd Street, City, State, Zip	Code)			
Theck Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Pull Name (Last na	me first,	if individual)					
Rusiness on Deciden	co Addi	nee (Number as	nd Street, City, State, Zip	Code			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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•				B. IN	FORMAT	TON ABO	OUT OFF	ERING				
1. Has t	the issuer a	old, or doe	the issuer	intend to	tell, to non-	accondited	investora ir	this offeri	na?			Yes No
		,, 01 000			in Appendi					• • • • • •	•••••	
2 What	de the mini					-						
2. W.IIA	is the mini	mmi maes	*Sub	ject to	the di	scretio	n of th	e Gener	al Part	ner to	\$ <u> !</u>	1,000,000
3. Does	the offerin	g permit jo	acc int ownersi	eptal Lipofasio	ower su gle unit?	bscript	ion amo	unt.			• • • • • • •	Yes No
sion o to be list th or de	the inform or similar re- listed is an se name of saler, you m	emuneration associated the broker ay set forti	n for solicit person or or dealer. I the inform	ation of pu agent of a If more tha	rchasers in broker or d in five (5) j	connection ealer regist persons to 1	with sales cred with to ce listed an	of securities the SEC and	s in the of Vor with a	fering. If a state or sta	person tes,	
Full Nam	e (Last nar	ne first, if	individual)							·		
Business	or Residen	ce Address	(Number a	nd Street,	City, State,	Zip. Code)	1		<del> </del>			· · · · · · · · · · · · · · · · · · ·
Name of	Associated	Broker or	Dealer					·				
·										<u> </u>		· · · · · · · · · · · · · · · · · · ·
States in	Which Pers	on Listed l	Has Solicite	d or Intend	is to Solicit	Purchasen	1					
•	"All States				1001	· · · · · ·						All States
(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [AW]	[WV]	[WI]	[OR] [WY]	[PA] [PR]
	e (Last nan											
Business	or Residen	e Address	(Number a	nd Street.	City, State.	Zin Code)				* · · <u>- · · · · · · · · · · · · · · · · </u>		
Name of	Associated	Broker or	Dealer	•								•
States in	Which Pers	on Listed I	las Solicite	d or Intend	is to Solicit	Purchaser	}		¥			
(Check	"All States"	or check	individual S	States)	• • • • • •	• • • • • •	• • • • • •	• • • • • •				All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[MD]	[DC] [MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [OM]
[MT]	[NE]	[NV]	[NH]	[107]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Pull Nam	[SC] c (Last man	[SD] ne first, if i	[TN] individual)	[TX]	[UT]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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Business	or Residen	e Address	(Number a	nd Street,	City, State,	Zip Code)						
Name of	Associated	Broker or	Dealer									
States in	Which Pers	on Listed I	las Solicite	d or Intend	is to Solicit	Purchaser		,	· · ·			<del></del>
(Check	"All States	or check	individual S	States)	• • • • • • •			• • • • • •			a	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL] [MT] [RI]	[IN] [SC]	[AI] [VV] [CD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [VT]	[MD] [NC] [VA]	[AM] [CM] [AW]	[MI] [OH] [VW]	[MI] [OK] [MIN]	[MS] [OR] [WY]	[MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 

and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Equity ..... ☐ Common ☐ Preferred **\$100,000,000\$** 500,000 Other (Specify Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases 1 \$ 500,000 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Dollar Amount Type of Offering Security Sold 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$ 20,000 5,000 \$ 45,000 Other Expenses (identify) Organization \$ 70,000

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCE	EDS
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>99,930,00</u> 0
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in reponse to Part C - Question 4.b above.		
	Payments to	
- -	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<b></b>	<b></b>
Purchase of real estate	<b>- \$</b>	<b></b>
Purchase, rental or leasing and installation of machinery and equipment	<b>- \$</b>	<b></b>
Construction or leasing of plant buildings and facilities	<b>- \$</b>	<b></b>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
issuer pursuant to a merger)	<u> </u>	<b>-</b> \$
Repayment of indebtedness	<b></b>	<b>\$</b>
Working capital  Other (specify): Securities Investments in Stark Japan Master  Fund Ltd.	 	<b>\$</b>
Tuna Loa:	□ <b>\$</b>	图 \$ 99,930,000
Answer also in Appendix, Column 3, if filing under ULOE.		
Column Totals	<b>-</b> \$	<b>⋈</b> \$99,930,000
Total Payments Listed (column totals added)	<b>123</b> \$ 9	9,930,000
<del></del>		
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If thi following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchargest of its staff, the information furnished by the issuer to any non-accredited investor pursuant to	ange Commission,	upon written
Issuer (Print or Type) Signature Date		
Stark Japan Fund LP Milas ( St June 24, 20)	02	·
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Staro Asset Management, L.L.C., Michael A. Roth, Managing Member, St	aro Asset Mana	agement, L.L.C.
General Partner of Stark Japan Fund LP		

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

€							
E. STATE SIGNATURE							
Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions  Yes No of such rule?							
	See Appendix, Column 5, for	state response.					
<ol> <li>The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as requ</li> </ol>	•	rator of any state in which this notice is filed, a r	notice on Form				
3. The undersigned issuer hereby undertakes to offerees.	to furnish to the state administra	ators, upon written request, information furnished	d by the issuer				
<del>-</del>	e state in which this notice is fil	itions that must be satisfied to be entitled to the I led and understands that the issuer claiming the a een satisfied.					
The issuer has read this notification and know undersigned duly authorized person.	s the contents to be true and ha	s duly caused this notice to be signed on its beha	olf by the				
Issuer (Print or Type)	Signature	Date					
Stark Japan Fund LP	Michael G. ( 18th	June 24, 2002					
Name of Signer (Print or Type)	Title (Print or Type)						

Staro Asset Management, L.L.C., Michael A. Roth, Managing Member, Staro Asset Management, L.L.C. General Partner of Stark Japan Fund LP

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.